

CALIFORNIA CHILDREN & FAMILIES COMMISSION

**Tuesday, December 11, 2001
State Capitol
Room 447
Sacramento, CA 95814**

Agenda Item 1 -- Call to Order.

- The meeting was called to order by Chair Reiner at 8:30 a.m.

Agenda Item 2 -- Roll Call.

- Present were Commissioners Kim Belshé, Susan Lacey, Louis Vismara, Karen Hill-Scott, Sandra Gutierrez, Glen Rosselli and Chairman Reiner.

Agenda Item 3 -- Approval of Minutes, November 15, 2001 State Commission Meeting.

Action by Commission: Chairman Reiner moved, seconded by Commissioner Lacey to approve the November 15, 2001 minutes. The motion passed unanimously.

Agenda Item 4 -- Chairman's Report

- Chairman Reiner reported that there will be a Legislative Hearing on the Master Plan for Education and School Readiness and Early Childhood. Brain research will be discussed, as will the reasons for public investment in School Readiness. All were invited to attend.
- Chairman Reiner recently spoke at the Winter conference of the National Association of Attorneys General. Law enforcement is very aware that investing in children is an excellent approach to crime reduction.
- The Kit for New Parents has been very successful. Over 20,000 orders for the Kit were received in the first month of the program. The Commission has received 31 distribution plans from the county commissions, 30 of those have already placed orders. The launch of the program received national attention and was seen on CNN, as well as many other networks. Chairman Reiner has participated in similar initiatives in other states.
- Chairman Reiner presented Nicole Kasabian-Evans with a token of appreciation for her work on the development and launch of the Kit for New Parents.

Agenda Item 5 -- Executive Director's Report

- Jane Henderson reported that there was a Bidder's Conference held on the Evaluation RFP. The conference was attended by 30 organizations and included many of the large evaluation firms. The notion of forming teams was encouraged. The proposal deadline has been changed from January 2nd to January 18th to allow ample response time.
- The Technical Assistance RFP is well underway. The final document will be released and posted on the Commission's website on January 9th. Designated County Commission executive directors and members of the Diversity Advisory Committee continue to provide input.
- Jane Henderson is attending a symposium on the state of state assessments. The purpose of the symposium is to share information from approximately 9 states on their activities with regard to early childhood assessments for program accountability and evaluation.
- Staff has been meeting with Gary Hart, founder and director of the Institute for Education Reform at CSUS. Mr. Hart is involved in coordinating symposia for key legislators and education leaders. In conjunction with staff, he is planning an invitational symposium in late February on early school readiness. A white paper will be developed from this symposium. The date for this symposium is February 28th.
- The \$25M for CalWorks Child Care that was cut by Governor Davis last summer has been restored in the amount of \$18.7M. This came about after a series of meetings with the Governor's caucus of the legislature and other advocates. There are still major issues surrounding the funding of CalWorks child care.
- Ms. Henderson informed the Commission that she had sent a letter on behalf of the Commission to Steve Ladd, Central Valley Farm Worker's proposal lead coordinator, which outlined the requirements for their proposal to request additional funding. A composite listing of all of the questions raised by the Commission and the Diversity Advisory Committee was included. The collaborative is in the process of developing a formal request for additional planning funds with a work plan and a budget. Staff will work with them to ensure that their planning proposal is ready for presentation as an action item at the January or February Commission meeting. Staff suggested that the plan include funds from the local commissions.
- A meeting on the Master Plan for Education was held on the 6th and 7th of December. The meeting was very productive. Specific recommendations were

reviewed, including family leave, professional development, high quality in all settings, language/culture pedagogy and governance and finance. Staff is working to put together the draft report for the School Readiness Component for transmittal to the Joint Committee to Develop a Master Plan for Education. The full Master Plan report will be completed by August of 2002.

Discussion: Commissioner Gutierrez acknowledged the childcare advocates for their efforts in getting the CalWORKS money put back into the budget.

Commissioner Vismara asked about the status of the Commission's Research Division. Jane Henderson stated that she is recruiting for someone to fill the position of Research Director. The expansion of research activities will be woven into the CCFC Strategic Business Plan. Currently there are four researchers on staff.

Commissioner Gutierrez asked if the letter jointly signed by Chair Reiner, Kerry Mazzoni, and Delaine Eastin, relating to school readiness was sent out to people other than school superintendents. Ms. Henderson informed the Commission that the list of potential recipients is extremely large and asked the Commission if there were specific groups that the Commission would like to have receive this letter. Ms. Gutierrez will supply her list of groups.

Agenda Item 6 -- California Children and Families Association Report

- Mike Ruane informed the Commission that the Association now has representation in terms of Sacramento advocacy. The Orange County CFC retained Phil Isenberg and will be assigning him to work with the Association. The Association will be working closely in the coming months with workforce development interests, economic development interests and revitalization interests to develop partnerships. The Association has School Readiness as an indicator in statewide indicator projects.
- The School Readiness Initiative is an opportunity for the local education community, CBOs, boys and girls clubs and non-profits that are suffering from budget cutbacks. Mr. Ruane presented some of the challenges the Association is focusing on around the state.
- Mr. Ruane mentioned an opportunity for the local and State commissions to partner on the AmeriCorp initiative.

Discussion: Commissioner Belshé asked Mr. Ruane to elaborate on the focus of the County Commission policy platform. Mr. Ruane stated that it is an Association platform. It is not simply legislative priorities. Most statewide associations have a platform. The Association may have a health access priority area among other priority areas with specific goals or strategies that the Association carries out. It is not a state budget platform. The final platform will not be presented at the January meeting. Select issues will be presented at the February Commission meeting.

Commissioner Vismara asked if the Association could provide information on how to implement the linking of school readiness to workforce development. He asked if anyone had started any preliminary discussions with the California Chamber of Commerce on this topic. Mr. Ruane informed the Commission that a letter stating the intention of the Association had been sent out.

Commissioner Gutierrez asked how the counties could improve in terms of branding programs with Proposition 10 tag lines. The Association is working with Commission staff to develop tag lines.

Agenda Item 7 – CCFC Strategic Business Plan

- Joe Munso presented this discussion item. The plan has been updated to reflect the comments of those who provided input. The plan now better reflects the partnerships the Commission has with other entities. The financial section has been updated to summarize the Commission's investments. An updated calendar of events has been included. The plan will again be revised in the next few months.

Discussion: Commissioner Belshé asked how the three strategic results about families, child health, etc, developed in the initial strategic planning process, play into the strategic business plan. Ms. Henderson stated that the results came out of a specific requirement in the statute that the State Commission define the results to be achieved by the county commissions and that those results be defined in the guidelines. The State Commission has other priorities that are not necessarily programmatic; it is those priorities that the business plan is designed around.

Commissioner Vismara suggested further development of the plan, specifically some of the challenges facing Proposition 10 from a research

perspective. Culture and diversity should be addressed up front rather than a trailing thought. Commissioner Vismara suggested that research be considered up front.

Agenda Item 8 – CCFC Website and Geographical Information System

- Anthony Souza presented this discussion item. Mr. Souza acknowledged those persons responsible for the development of the website and the Geographical Information System (GIS). He provided a brief overview of the website. The next major addition to the website will be the GIS. This will provide a vast amount of information in a visual and user-friendly manner. The information will include, but is not limited to, the location of doctors, schools and other services. The application should be ready in late January. In the near future there will be the addition of childcare centers and family resource centers. Some other options being considered for addition to the CCFC website are a message board for users to post comments, teleconferencing and posting digitized media to the site.

Discussion: Commissioner Gutierrez suggested that the parenting information section should indicate that the location is also intended for caregivers as well. She asked how much traffic passed through the site. Mr. Souza informed her that there were roughly one million hits per month.

Commissioner Rosselli asked what the limitations are of posting digital media. Mr. Souza informed the Commission that the major limitation of is the receiver's bandwidth. The Kit for New Parents for example is a large amount of video and many users would not be able to download this media.

Commissioner Vismara commented on the small number of OBGYN doctors represented on the GIS system. The Commission was informed that each icon on the map, depending on the level at which the GIS is being viewed, could represent 5 or more doctors.

Jane Henderson identified key staff working in the area of research for CCFC.

Agenda Item 9 – California Health Interview Survey (CHIS)

- Rick Brown and Elaine Zahnd presented this discussion item. The following is an overview of the presentation.
- Overview of the California Health Interview Survey
 - CHIS is California's new assessment tool to meet state and local needs for population-based health data

- Policy analysis, development and advocacy
 - Service and program planning
 - Research
 - CHIS is a collaborative project of:
 - UCLA Center for Health Policy Research
 - California Department of Health Services
 - Public Health Institute
 - CHIS has involved over 150 people in planning content and methods
 - Advisory Board
 - Technical Advisory Committees
- The CHIS Sample
 - CHIS provides health estimates:
 - at local level for counties (and cities with health departments) and statewide
 - for California's major ethnic groups and some ethnic subgroups
 - Fulfilled both goals through sample design and large sample
 - Telephone survey of 55,000 households drawn from every county in the state
 - Civilian, non-institutionalized population living in households with telephones
 - 41 geographically defined sampling strata
 - Over samples
 - Asian American subgroups, including Japanese, Vietnamese, South Asians, Koreans, and Cambodians
 - American Indians, including urban and rural over samples
 - Some counties
- Data Collection Results
 - Random-digit dial (RDD) sample results
 - Completed interviews with sample persons in each household:
 - 54,122 adults
 - 5,733 adolescents (ages 12-17)
 - 12,392 children (under age 12; "most knowledgeable adult")
 - Including 5,611 children ages 0-5.
 - Some tabular data omitted.
- CHIS's non-English language interviews made it more inclusive
 - CHIS was administered in 6 languages
 - English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, Korean, and Khmer (Cambodian)
 - Interviews conducted in non-English language were substantial share of RDD plus listed over sample interviews
 - 11.8% of all adult interviews
 - 6,806 out of total 57,847
 - 21.0% of all child interviews

- 2,789 out of 13,276 “most knowledgeable adults”
 - 8.9% of all adolescent interviews
 - 537 out of total of 6,058
 - Inclusion of these persons made the sample more representative
 - CHIS content related to young children
 - Demographic Information
 - Gender, age
 - Race/ethnicity
 - Country of birth, parents’ county of birth
 - Citizenship, immigration status, English proficiency
 - Education of primary caretaker(s)
 - Health Status, Injury and Health Behavior
 - Height, weight
 - General health status, health conditions
 - Asthma (children at least 1 year old)
 - Presence of teeth (children under age 2)
 - Last dental visit, dental insurance (children over age 2)
 - Baby bottle behavior, sleep behavior (children under age 6)
 - Dietary intake (children over age 2)
 - Past year injury
 - Skin cancer prevention
 - Access/Utilization
 - Usual source of care, Visits to medical doctor
 - Immunizations
 - Emergency room use, Hospitalization
 - Visits to other countries for care, prescription drugs
 - Alternative sources of care
 - Delayed care/unmet need
 - Discrimination
 - Health Insurance/Public Program Eligibility
 - MediCal and Healthy Families coverage & eligibility
 - Employer-based and privately purchased coverage
 - Payer of premium
 - Other coverage sources
 - Managed care plan characteristics
 - Reasons for non-coverage, coverage over past 12 months
 - Child Care, Video/Computer Games, Parental Involvement
 - Child care arrangements
 - Satisfaction with child care
 - Child care over past 12 months
 - Hours child left unsupervised
 - Video game/computer games (children over age 3)
 - Family interaction with friends/relatives

- Getting CHIS results to those who could use them
 - CHIS was developed as a public service to be used widely to meet data needs for health policy development and advocacy
 - CHIS will provide a variety of methods and products to disseminate data and results to meet needs of different constituencies, beginning May 2002
 - Publications
 - A CHIS basic results report on the health and health needs of Californians
 - Numerous studies using CHIS data to focus on particular health issues
 - Available in printed copies as well as electronically through the Internet
 - Electronic data files and data estimates
 - Internet query system
 - Automated CHIS data estimates tailored to individual needs
 - Available to anyone, any time, any place
 - Public-use files that analysts can download from the Internet
 - A Data Access Center where qualified researchers can use confidential data files
- Report on young children
 - Based on discussions with Commission staff, we are planning to develop a published report on young children
 - Collaborative effort by CHIS team together with specialists in children's health and well being from the UCLA Center for Healthier Children, Families and Communities
 - Organized around themes that are most policy-relevant to Prop 10 Commission priority areas, especially the school readiness framework
 - Focus will be statewide
 - CHIS samples of children ages 0-5 for the 41 sampling strata range from 1,348 in LA County to 289 in San Diego County and 270 in Orange County to 100-200 in 13 counties to 55 in the smallest group of counties
 - Small area estimation methods required to provide estimates for young children in most counties
- Proposed content of report on young children
 - All measures will be constructed and analyzed for children under 5 years specifically
 - Some sections, such as on access, may also provide data on middle childhood in addition to early childhood

- Health and wellness issues
 - Nutrition
 - Prevalence of overweight and obesity
 - Daily intake of nutritious and non-nutritious foods
 - Oral health
 - Unintentional injuries
 - Gun access at home
 - Helmet use
 - Disability
 - Asthma
- Physical Activity and Fitness
 - Hours watching TV/video games
- Family Support
 - Interaction with friends/relatives
 - Parent education and income
- Child care
- Health and social services
 - Health insurance coverage
 - Public program eligibles not enrolled
 - Access to primary care
 - Use of preventive services
 - Barriers to accessing services
 - Access to care for children with disabilities
 - Access to care for children with mental/behavioral problems
- Planning CHIS 2003
 - CHIS is bi-annual survey
 - CHIS 2003 will begin surveying California population in January 2003
 - Topics and potential additional funding for CHIS 2003
 - Sample design will remain similar, but over sampled groups and areas likely to vary
 - We expect that approximately 2/3 of CHIS 2001 content will be repeated in CHIS 2003
 - Currently exploring new or revised topics for CHIS 2003:
 - Disability
 - Asthma prevention and control
 - Cancer screening and prevention
 - Epilepsy
 - Use of alcohol and other drugs: prevention and treatment
 - Housing and neighborhood environment
 - Social Environment
 - Housing Conditions and Affordability
 - Physical Environmental Exposures

- Attitudes towards health insurance
- Child support

Discussion: Chairman Reiner asked when the results of the survey would be presented. He also asked about the inclusion of prenatal care. The Commission was informed that there would be more on prenatal care in CHIS 2002 and the data will be released in May 2002.

Commissioner Hill-Scott inquired about confidentiality guidelines. The Commission was informed that the survey was quasi confidential. Certain restrictions applied to those that were authorized to use the data. Commissioner Hill-Scott asked if any of the data serves as a proxy for parental behavior and if the 2003 form asks questions that get at a person's knowledge of what they are doing. The Commission was informed that this was being done in some areas and will be expanded in 2003.

Commissioner Rosselli inquired about questions about violence in the home. The Commission was informed that questions along these lines were asked in the survey with respect to adolescents.

Commissioner Vismara asked how many questions were in the survey. The number of questions numbered in the hundreds. Commissioner Vismara requested that he be contacted regarding questions relating to children's and parental mental health and disabilities.

Agenda Item 10 – Health Policy Panel

- Assemblywoman Helen Thomson began with introductory remarks on the state budget as it relates to healthcare.
- Jane Henderson introduced the panel members and described the panel process. Panelists were asked to focus on two main topics: 1) what do you regard as the two most significant health issues impeding a child's readiness for school and 2) what are the gaps and policy pieces that are missing, and where should the Commission focus its resources.
- Julie Hadnot, Senior Field Representative for Assemblywoman Wilma Chan, provided the Commission with a brief update on the Assembly Select Committee on California Children's School Readiness and Health. Ms. Hadnot noted that the

State of California is interested in knowing what needs to be in place to make sure that kids are able to perform well by the 3rd grade. Recent hearings found that few large studies have investigated both the physical and mental health factors associated with school readiness and early school failure. Children suffer from post traumatic stress disorder and the Surgeon General's Office reported that 20% of school children had a mental health condition that required treatment and 40% of inner city school children have been exposed to life threatening violence. It was also found that managed care has ended expecting mothers' one time visit with a pediatrician. It was also noted that dental screenings are not mandatory while 51M hours are lost due to dental illnesses of school age children. Also, babies born to moms on MediCal are not automatically enrolled into MediCal. A common theme throughout the hearings was the need for more parental education and training. There also needs to be safe, stable and secure housing. There needs to be seamless services. Some of the legislative ideas are 1) a mandatory dental screening, 2) the development of a state children's department, 3) expanding the scope of vision screening, 4) nutrition in school curriculum.

- Dr. Maria Minon was the first presenter. The following is an outline of Ms. Minon's presentation.
 - Integration of:
 - healthy children
 - strong families
 - school readiness
 - Healthy Children
 - physical health
 - mental health
 - oral health
 - School Readiness
 - Most significant health related issues
 - access to care
 - a medical home
 - prevention and early diagnosis
 - developmental delays and disabilities
 - linkage to appropriate services
 - American Academy of Pediatrics
 - Definition of Medical Home:
 - accessible, continuous, comprehensive, family centered, coordinated, and compassionate care
 - delivered or directed by physicians and other healthcare providers known to the family
 - all aspects of pediatric care
 - preventive care
 - 7/24/365

- continuity of care – long term
 - access to pediatric medical sub-specialists and surgical specialists
 - interaction with school and community agencies
 - a central medical record
- Gaps and Barriers
 - Programmatic
 - enrollment process (access and complexity)
 - multiple applications for programs (e.g. MediCal, Healthy Families, School Lunch, WIC, etc.)
 - lack of program integration to create a seamless system
 - few linkages to appropriate specialty services
 - Cultural and Socio-Economic
 - language and culture
 - transportation and child care
 - cost or perception of cost
 - Awareness, Education, and Training
 - knowledge, training and incentives for providers
 - communication gaps between parents and providers
 - communication gaps between schools and providers
- WHAT POLICY AND PROGRAM ELEMENTS ARE MISSING?
 - Reduction of Fragmentation and Duplication
 - Integrated Solutions
 - Emphasis on Quality
 - Organizational Competence
 - Sustainable Business Models
- SOLUTIONS
 - Ideal Characteristics
 - Integrated - Educational, Health & Social Models
 - Quality and Accessibility - Right Provider at the Right Time
 - Simplicity - One Stop Integrated Services
 - Scalable - Networkable
 - Leverage Community Resources and Expertise
 - Decrease Fragmentation and Duplication
 - Trusted – Locally Based, Culturally Appropriate
 - Standardized - Consistent Services with Measurable Outcomes
- WHAT ARE UNIQUE STRENGTHS OF CCFC IN ADDRESSING THESE GAPS
 - Political Capital
 - Fiscal Capital

- Access to Resources
 - Platform for Communication
 - Ability to Create Collaboratives/Partnerships
 - Child Care Community
 - Community and Faith-Based Organizations
 - School Community
 - Healthcare Community
- WHERE SHOULD CCFC FOCUS ITS RESOURCES?
 - Services, Infrastructure and Support Systems
 - Avoid Redundancy and Duplication
 - Reduce Fragmentation
 - Promote Coordination
 - Promote Integration
 - Organizational Capability
 - Long-Term Sustainability
 - Skills, Knowledge, Expertise
 - Solutions
 - Systemic
 - Comprehensive
 - Root-Cause Oriented
 - WHAT TYPES OF ACTIVITIES SHOULD BE AVOIDED?
 - Short-Term Solutions That May Create Fragmentation and Duplication
 - Increased Screening and Diagnosis Without Availability of Therapeutic Services
 - Treating Only the Child to the Exclusion of the Family/Care Giver
 - Not Listening to Parents and Not Creating Parental Accountability
 - Focusing Exclusively on the “At-Risk” Population
 - KEY POLICY / ADVOCACY OPPORTUNITIES FOR CCFC
 - Education for Providers and Parents
 - Support Provider Training (e.g. Medical School Training Programs)
 - Promote Reimbursements for Preventive Services and the Treatment of Developmental Disabilities
 - Identify Successful, Innovative Programs, and Encourage Their Replication in Other Counties
 - Serve as a Bridge Between Educational, Social Service, and Medical Communities

Robin Hansen, MD, University of California at Davis, and the MIND Institute, presented next. The following is an outline of her presentation.

- Most significant issues impeding school readiness from a mental health perspective
 - Poor recognition and identification of psychosocial health issues in young children.
 - Poor availability and access to appropriate support services.
- Gaps and missing pieces
 - Insufficient training of health professionals in a bio-psychosocial model.
 - Look at establishing assessment tools that are easy for pediatricians to learn.
 - Insufficient training of the care providers and early intervention specialists.
 - Insufficient integration of components of the bio-psychosocial model.
 - Deficit model vs. risk or preventive model
 - Eligibility differences
 - Insufficient support and reimbursement for assessment and service delivery
 - Time to complete exams
- Changes needed
 - Paradigm shift
 - Implement research findings
 - Integrate bio-psychosocial model
 - Address parent-child interactions in a family context
 - Paradigm shift in terms of training and reimbursing care providers
 - Paradigm shift in terms of training and reimbursing early intervention specialists.
- Commission resources
 - Support and training for health professionals
 - Support and training of early intervention specialists
 - Support collaborative models that are based on good research
 - Infant parent relationship
 - Parents and care providers, etc.
 - Feedback loops and integrated information systems
 - Sensitive to families needs and to cultural and individual identities
 - Integrate the primary care provision with the family assessment and support services that are intensive and longitudinal
 - Support collaborative models that work with available and potential funding sources
 - Measurable outcomes
 - Clear outcomes

Laurence Platt, MD, Executive Director, Dental Health Foundation, representing the Oral Health Access Council presented next. The following is an outline of his presentation.

- The epidemic of tooth decay in children
 - Oral health
 - Nutrition
- Oral Health
 - Most common health disease of children
 - Most common chronic disease
 - Most common infectious disease
 - Mostly preventable
 - Basic biological process of tooth decay
 - Over half of California school children are experiencing discomfort from tooth decay
 - Before reaching school chances of having the disease are 1:7
 - A child in Head Start has twice the chance
 - Recent assessment of 2000 children in San Diego County found:
 - 68% of children aged 2-4 had at least one decayed tooth
 - 26% had seven decayed teeth
 - 82% of children aged 4-6 had at least one decayed tooth
 - 38% had seven or more decayed teeth
 - The disease does not cure itself
 - Cost of treating advanced cases is approximately \$6,000 per child
 - Children miss 52M hours of school each year due to oral health problems
 - Certain populations are affected more than others
 - 20-25 of the population experiences 75-80% of the decay
 - 20% of children in California lack medical insurance
 - 2-3 times more children lack dental insurance
 - Cultural barriers
 - Fear of dentists
 - Lack of awareness
 - Shortage and mal-distribution of dental professionals
 - Public indifference
 - 22% of Medicaid eligible children used dental services in 2000.
 - Other barriers
 - Incompetent Dental Director
 - No federal block grant dollars for oral health
 - No funding community water fluoridation
 - No aggressive school based sealant program
 - Insufficient number of pediatric dentists
 - Almost entirely preventable
 - Start at the prenatal level
 - Oral exams by age one
 - Parents instructed on oral health
 - Proper nutrition
 - Minimize snacks to once a day

- Chewing gum with Zylitol interferes with the bacteria's metabolism
- Model programs existing in California
- Things the State Commission could do
 - Media development
 - Needs assessment
 - State level
 - Training professionals
 - State level
 - Explore and evaluate model programs
- Policy issues
 - Reimbursement to dental and medical providers
 - Require all children entering kindergarten have evidence of a dental exam and completion of indicated treatment
 - Bring together stakeholders to establish standards of childcare
 - Discourage snacks of sugar and starch
 - Require dental exam for caregivers and all children
 - Support for community water fluoridation
 - Most cost effective
 - Access to treatment
 - Avoid getting involved in treatment costs

George Rutherford, MD, University of California at San Francisco, and former State Health Officer presented next. The following is an outline of the presentation.

- School preparedness for children <5 years old
 - Neurodevelopmental
 - Social
 - Mental
 - Physical
 - General health and well being
 - Prevention and treatment of specific diseases
- Mortality in children <5 years
 - Infant mortality
 - Neonatal (<28 days)
 - Post-neonatal (28 days - 1 year)
 - Mortality in 1-4 year olds
- 10 leading causes of death - United States, 2000
 - Heart disease
 - Cancer
 - Stroke

- Chronic lung disease
 - Accidents
 - Diabetes
 - Influenza pneumonia
 - Alzheimer's disease
 - Nephritis and nephrosis
 - Septicemia
- Mortality rate per 100,000 by age group, United States, 2000
- Causes of infant mortality, United States, 1999
 - Birth defects
 - Prematurity
 - SIDS
 - Complications of pregnancy
 - Respiratory distress
 - Complications of placenta, etc
 - Accidents
 - Bacterial sepsis
 - Diseases of circulatory system
 - atelectasis
- Causes of mortality in 1-4 year old children, United States, 1999
 - Accidents
 - Birth defects
 - Cancer
 - Homicide
 - Heart disease
 - Influenza and pneumonia
 - Perinatal complications
 - Sepsis
 - Other neoplasm's
 - Chronic lung disease
- 10 leading causes of death - United States, 1900
 - Pneumonia
 - Tuberculosis
 - Diarrhea and enteritis
 - Heart disease
 - Stroke
 - Liver disease
 - Injuries
 - Cancer
 - Senility
 - Diphtheria
- Hospital discharges in 1-5 year olds by disease, California, 1992
- Ways to think about public health needs

- Prevention of physical illness that will preclude school preparedness
 - Prevention of behavioral patterns that will lead to morbidity and mortality later in life
 - E.g., childhood obesity associated with diabetes and heart disease
 - Keeping controlled diseases controlled
- High priority public health programs for children <5
 - Asthma
 - Immunization registries
 - Obesity prevention
- Estimated vaccination coverage of children 19-35 months old, California and US
- Asthma hospital discharge rates by age group, California, 1995-1997
- Specific needs
 - Asthma prevention and early diagnosis and appropriate therapy in younger children
 - Immunization registry

Neal Halfon, MD, Director, UCLA Center for Healthier Children, Families and Communities was the final presenter. The following is an outline of his presentation.

- Creation of “20/20” vision of what healthcare should be.
 - Automatic affordable health insurance
 - Preventive medical and dental care
 - Developmental services
- Nature of the burden
 - limited data systems
 - deaths
 - only severe problems/disabilities
 - Average parent identifies a child’s learning disability at age 3.5 years
 - School district deals with that disability at age 8 years
 - Needs to happen earlier
- Development trajectory
 - Suppressive elements
 - preventable
 - Supportive elements
 - Reading to the child
 - Parent education
 - Appropriate emotionally appropriate responses to children
 - Appropriate discipline
- Link healthcare and early childcare systems
 - Developing appropriate platforms
 - Birth hospitals
 - Meeting pre and post natal services

- Other services
- Pediatric office
 - From acute and chronic care to the entire network of services
 - Integration of services
 - Recent studies show pediatricians not appropriately trained in child development
- Five innovative programs
 - The practice redesign project Healthy Steps for Young Children
 - 20-30 communities around the country
 - redesign of the pediatric office to integrate services
 - benefits have been demonstrated
 - Child Serve
 - Pediatrician discovers a developmental problem
 - Refers the child to a central body for continued assistance
 - Quality measurement tools
 - Foundation for accountability
 - Promoting healthy development
 - Provides feedback to providers on the quality of their work
 - National Initiative on Child Health Quality (NICHQ)
 - Institute for health improvement
 - Creating a set of tool sets for pediatric providers
 - Developmental screening tools
 - How to implement changes
- Policy Priorities for the Commission to consider
 - Encourage the creation of health development pathways in communities
 - How to integrate multiple services towards health development
 - Reengineer pediatric practices
 - Training
 - Improving capacity
 - Increasing connectivity
 - Coordination
 - Creating regional child assessment centers
 - Denver model
 - Support for training
 - Multicultural health development and leadership
 - Very few Black, Latino and Asian practitioners in leadership
 - University of California and State University systems
 - Cross training
 - MediCal stipulations
 - Measure the quality of care
 - More than asthma and immunization
 - Data and information system
 - Surveys

- Development of a data system that links birth certificate data to the first year health exam and immunization data and the school readiness assessment.
- School readiness assessment for all children at age 5 years

Discussion: Chairman Reiner asked what the ideal training program for pediatricians would be. The Commission was informed that the existing programs should be built upon. Training needs to start in medical schools. Linking with other practitioners in medical schools is recommended.

Commissioner Vismara stated that it should be the responsibility of the medical schools to appropriately train practitioners.

Commissioner Hill-Scott noted that the wide array of content presented converged in a few key areas. One area has to do with reengineering the training of physicians. Another is policy and advocacy. Another is information accounting and mandatory assessments. Others included direct service and oral care. Commissioner Hill-Scott asked how pediatricians could be better trained or desire to be better trained. One suggestion was appropriate reimbursement.

Public Comment

David Quackenbush, California Hispanic Health Care Association, recommend that the Commission make sure that any approach taken be patient driven rather than provider driven. Cultural and linguistic considerations are critical to the success of any program. There must be direct communication with the patient, family and student, not with the advocates, stakeholders or policymakers.

Javier Guzman cautioned the Commission that if it did not take action in the next 5 to 10 years (unknown initiative) that there would be a wide division between those who are educated and those who are not.

Paul Cummings, Alameda County Public Health Department, stated that the recent funding surrounding asthma has made a very noticeable difference in a few short months. Asthma is a major cause of suffering for young children and it is preventable. Mr. Cummings recommended continued funding for this project.

Julie Mills, Asthma Start Program, read a letter from a client to the State Commission.

Unknown speaker spoke in support of the Asthma Start program.

Madaline Bridges spoke on behalf rural children.

Elena Chavez, Consumers' Union, spoke in support of a California immunization registry.

Shawndra Miller, Health Policy Analyst, California Association of Public Hospitals and Health Systems, offered the support of her association in the development of strategies to address problems the Commission is facing with respect to public health as it relates to school readiness. The Association suggests supporting efforts to integrate services, supporting the number of physicians to attend young children, supporting efforts to increase provider participation in public dental service programs, and to help the Association identify funding sources that can help sustain dental infrastructure at the local level.

A representative spoke on behalf of an ad hoc coalition of pediatricians throughout California. The coalition has formed a program based on a program called Reach Out and Read. The program is doing and attempting to do many of the paradigm shifts identified by the panel. The Commission was encouraged to support this program.

Marsha Sherman, California Child Care Health Program, stated that the childcare health linkages project is a vehicle for the connectivity mentioned by the panel. There is a national agenda, The Healthy Child Care America campaign, which is connected to the American Academy of Pediatrics. Ms. Sherman encouraged the Commission to support each of these programs.

Nora O'Brien, California Primary Care Association, spoke in support of oral health. Ms. O'Brien requested support for community health centers. Ms. O'Brien spoke in support of SB 59.

Written Comments

Written comments were submitted by the following:

Erica B. Grubb, Attorney and Director of Child Nutrition Policy at California Food Policy Advocates. (Attachment 1)

Mitchell H. Katz, MD, Director of Health, San Francisco County Department of Public Health. (Attachment 2)

Agenda Item 11 – Adjournment

Action by Commission: The motion to approve was seconded and passed by vote without dissent.